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21396 Sprint 6391 SPRINT P KSOPHT0101-2	ARKWAY	/2008	DEC 2 3 2008	Fee(s) Transmittal. The papers. Each additional to the papers. Each additional to the papers. Each additional to the reby certify that the states Postal Service will be addressed to the Main ransmitted to the USP	is certificate cannot be used paper, such as an assignre of mailing or transmission rtificate of Mailing or Transis Fee(s) Transmittal is bewith sufficient postage for 1 Stop ISSUE FEE addrest TO (571) 273-2885, on the	insmission ing deposited with the United first class mail in an envelope ss above, or being facsimile e date indicated below.		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/020,030	10/30/2001		Steven Duane Myer	s	1483	8958		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	JE DATE DUE		
nonprovisional	NO	\$1510	\$0	\$0	\$1510	01/02/2009		
EXAMINER		ART UNIT	CLASS-SUBCLASS			, ·		
NGUYEN BA,	HOANG VU A	2623	725-105000					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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5. Change in Entity Sta a. Applicant claim	tus (from status indicated is SMALL ENTITY state		☐ b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).		

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Typed or printed name Steven

<u>35875</u> Registration No. _

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213% Sprint 6391 SPRINT PA KSOPHT0101-Z	7590 10/0: ARKWAY	THE STATE OF THE S	DEC 2 3 2000 3	ee(s) Transmittal. The apers. Each addition ave its own certificat	his certificate cannot be use al paper, such as an assign te of mailing or transmission rtificate of Mailing or Tra- his Fee(s) Transmittal is be with sufficient postage for il Stop ISSUE FEE addre PTO (571) 273-2885, on the				
			. }		Carl A	(Date)			
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENTO	OR	ATTORNEY DOCKET NO	CONFIRMATION NO.			
10/020,030 10/30/2001 Steven Duane Myers 1483 8958 TITLE OF INVENTION: MULTI-POINT MULTI-CHANNEL DATA DISTRIBUTION SYSTEM									
A DRI NI TROPE	CLAAL FENTTY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	JE FEE TOTAL FEE(S) D	UE DATE DUE			
nonprovisional	SMALL ENTITY NO	\$1510	\$0	\$0	\$1510	01/02/2009			
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EXAMINER NGUYEN BA, HOANG VU A		ART UNIT	725-105000						
1. Change of corresponder CFR 1.363). The Address of Corresponder PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	nce address or indication and and address (or Charles) attached. attion (or "Fee Address or more recent) attached.	nge of Correspondence Indication form ed. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sprint Communications Company L.P. Overland Park, KS 66251									
•		-	,						
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	□ Individual 4△ Co	orporation or other private	group entity Government			
4a. The following fee(s) are submitted: State Sta			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 210765 (enclose an extra copy of this form).						
5. Change in Entity Statu	•	•	☐ b. Applicant is no lo	nger claiming SMAI	LL ENTITY status. See 37	CFR 1.27(g)(2).			
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